Summit County Department of Job and Family Services
1180 SOUTH MAIN ST STE 102
AKRON, OH 44301

Ohio | Department of Job and Family Services

Mailing Date: 01/03/2024
Case Number: 7145446-SN 01
Case Name: Brian Thurmond

Brian Thurmond
152 GALE ST
AKRON, OH 44302-1446

Need Help?

County: (844) 640-6446, Mon-Fri 8:00am-4:00pm
¿Hablas español? More Languages: (844) 640-6446
Hearing Impaired: 7-1-1

Important

It is time to complete your Supplemental Nutrition Assistance Program (SNAP) Interim Report.

Please complete, sign, provide proof of changes, and return the enclosed form to your county JFS office **by 01/15/2024.**

Note: Your SNAP benefits will stop if you do not return your report by this deadline.

What is an Interim Report and Why Do I Need to Fill Out This Form?

- An Interim Report is a mid-point check-in to review your case for any changes. Your county JFS office will use the information you give to make sure that you are still eligible and that you are getting the correct amount of benefits.
- **If you need help completing the form or have questions, please contact your county JFS office.**

What Changes Do I Need to Report and Why?

- Report changes and submit verification of any changes in your household.
- Reported changes may result in an increase, decrease, or termination of benefits.
- This does not affect any medical assistance you are receiving from us.

What to Do With the Interim Report:

You may complete this form and submit it by email, mail, fax, or bring it into a county JFS office. If you bring it in, you will receive a receipt.

Completing your Interim Report Online:

1. Sign in or create an account at *ssp.benefits.ohio.gov*
2. Click the “Access” section to the right of the screen
3. Select “Interim Reporting” and follow the prompts

If Your Address Changes:
Notify your county JFS office right away. If JFS does not have your correct address, you will not get the information you need to continue receiving assistance.

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USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling **(833) 620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. **The completed AD-3027 form or letter must be submitted to:**

mail:
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

fax:
(833) 256-1665 or (202) 690-7442; or

email:
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Please do not send information, such as applications or verifications, to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. Please send application materials or verifications to your local county JFS office.

If you are unable to read English and need this notice translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this notice; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing-impaired may call TDD 7-1-1.

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SNAP Interim Report Form

Please complete all questions on this form. If you need more space, write your answers on an extra piece of paper and attach it to this form.

Below is your information last reported to your county JFS office:

Household Size:	Total Gross Income (both earned and unearned income):
1	$0.00

Step 1: Complete the information in this box or make corrections as necessary

Name (First, Middle Initial, Last):			Primary Phone Number:		
Brian Thurmond			(234) 237-5249		
Mailing Address:			**Street Address *(if different)*:**		
152 GALE ST			HOMELESS		
City:	**State:**	**Zip Code:**	**City:**	**State:**	**Zip Code:**
AKRON	OH	44302	AKRON	OH	44312

Step 2: Report changes to your household in this box

(A) Has there been a change in the members of your household?

☐ **No** – There has **NOT** been a change in the members of my household

☐ **Yes – Fill in the boxes below**

First Person's Name (First, Middle Initial, Last)	Relationship	Birth Date

☐ Added ☐ Removed

Second Person's Name (First, Middle Initial, Last)	Relationship	Birth Date

☐ Added ☐ Removed

(B) Has your household moved?

☐ **No** – My household has **NOT** moved

☐ **Yes – My household has moved. Write in your new mailing address:**

If you answered "YES - My household has moved", did your housing costs change?

☐ **No** – My housing costs did **NOT** change

☐ **Yes – My housing costs did change. Fill in the boxes below, and attach proof** if you would like your county JFS office to use your housing cost in determining your benefits

Rent or Mortgage per Month	Property Taxes per Month	Homeowner Insurance per Month
$	$	$

I pay for the following utilities *(check all that apply)*:
Note: Please attach proof for **each expense**

☐ Telephone ☐ Trash ☐ Sewage

☐ Water ☐ Electric ☐ Gas

EXAMPLES OF PROOF TO ATTACH:
- Utility Bills
- Rental Leases
- Home Insurance

(C) Has anyone had a change in their Monthly Income? (ex: include changes in hourly rate of pay, salary, full or part time employment status)

☐ **No** – There has **NOT** been a change

☐ **Yes – Fill in the boxes below and attach proof** (ex: earnings or pay statements, W-2 forms)

Name (First, Middle Initial, Last)	Change Type	How much do they get a month?
		$
Name (First, Middle Initial, Last)	Change Type	How much do they get a month?
		$
Name (First, Middle Initial, Last)	Change Type	How much do they get a month?
		$

(D) If you are subject to the work requirement for Able-Bodied Adults Without Dependents (ABAWDS), have your hours decreased below 20 hours per week (or 80 hours per month)?

☐ **No** – There has **NOT** been a change

☐ **Yes –** My hours have decreased below 20 hours per week

☐ **Not Applicable**

(E) Has anyone's unearned income changed by more than $100? (ex: SSI, child support, unemployment.)

☐ **No** – There has **NOT** been a change

☐ **Yes – Fill in the boxes below and attach proof**

Name (First, Middle Initial, Last)	Income Type	How much do they get a month?
		$

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Name (First, Middle Initial, Last)	Income Type	How much do they get a month? $
Name (First, Middle Initial, Last)	Income Type	How much do they get a month? $

(F) Has anyone had a change in the amount of child support they pay?

☐ **No** – There has **NOT** been a change

☐ **Yes – Fill in the boxes below and attach proof**

Name (First, Middle Initial, Last)	Child Support Obligation per month

(G) Have you or anyone in your household won $4,250 or more (before withholdings) in lottery or gambling winnings?

☐ **No/Not Applicable**

☐ **Yes – Fill in the boxes below and attach proof**

Name (First, Middle Initial, Last)	Date of Winnings	Winnings Amount $

This Form Continues on the Next Page

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Step 3: Read carefully, sign, and date

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this interim report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to $250,000, I may have to pay back benefits if I was not eligible to receive them, the first time I break the rules on purpose I will not be able to get food assistance for one year, the second time two years and after the third time I will not be able to receive food assistance again.
- I understand and agree to provide all documents to complete my interim report.
- I understand and agree that my county JFS office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.
- I understand that in some instances, I may be asked to give consent to my county JFS office to make whatever contacts are necessary to determine eligibility.
- I understand that any changes reported on this notice may result in a reduction or termination of benefits.
- I understand that after returning this form I am still required to report the following changes that may occur prior to my recertification:

 1) When my gross monthly income goes above the 130% federal poverty level monthly income limit for my assistance group size,
 2) If a member of my assistance group is subject to the work requirement for able-bodied adults without dependents and my/their number of work hours falls below 20 hours per week or 80 hours averaged monthly and,
 3) If anyone in my household wins $4,250 or more in lottery or gambling winnings.

In accordance with federal law, the county JFS office is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write to: USDA, Director, Office for Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call 1-800-795-3272 (Voice) or (202) 720-5964 (TDD).

Signature	**Date**

Step 4: Return this form with proof of any changes by the deadline on page 1